

10th August 1929]

# Public Health

## *Acquisition of lands for Ahobilam water-supply scheme.*

\* 340 Q.—Mr. G. HARISARVOTTAMA RAO : With reference to the answer given to question No. 598 on 12th October 1928 regarding the Ahobilam water-supply scheme will the hon. the Minister for Public Health be pleased to state—

(a) whether the licence for the forest land has been granted by the Collector;

(b) whether the patta lands have been acquired; and

(c) when the work was put on hand or is likely to be put on hand?

A.—The Government have no information, but they have called for a report from the President, District Board, Kurnool.

## *Expenditure on the cure and treatment of leprosy.*

\* 341 Q.—Mr. K. R. KARANT: Will the hon. the Minister for Public Health be pleased to state—

(a) the amount spent by the Government in each of the past eight years and that provided in the current year for the cure or treatment of leprosy;

(b) how much of the same is for leprosy clinics;

(c) whether Government have information of a recent leprosy survey made by the Travancore Government, and of the leprosy clinics opened as a result in the said State;

(d) whether Government propose to order a similar survey for the Madras Province or some portion of it to ascertain the extent of the disease;

(e) whether Government propose to open leprosy clinics in all Government hospitals, by stages or otherwise, and also by granting subsidies to local bodies and private practitioners as are willing to open leprosy clinics, if not, why not; and

(f) what proposals Government have to check the spread of the disease and to afford treatment in the early stages?

A.—(a) & (b) The expenditure incurred by the Government during the past eight years for the treatment of leprosy in the Government institution was as shown below:—

| Year. | Expenditure incurred. | Year. | Expenditure incurred. |
|-------|-----------------------|-------|-----------------------|
|       | RS.                   |       | RS.                   |
| 1920  | 69,325                | 1924  | 87,584                |
| 1921  | 81,758                | 1925  | 42,230                |
| 1922  | 87,068                | 1926  | 1,07,455              |
| 1923  | 1,08,737              | 1927  | 1,08,830              |

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A provision of Rs. 1·30 lakhs is made in the budget for the current year. Besides the above, expenditure has also been incurred in some of the headquarter hospitals in which dermatological clinics have been opened. The expenditure incurred in these institutions for this purpose cannot be definitely ascertained. Contributions have also been paid by the Government to private leper asylums. A statement<sup>a</sup> showing the expenditure so incurred is appended.

- (c) The Government have no official information on the subject. They have however perused a report about it in the Quarterly Journal issued by the British Empire Leprosy Relief Association (Indian Council) for July 1929.
- (d) In connexion with the utilization of the contribution allotted during the current year to this province by the British Empire Leprosy Relief Association (Indian Council) it has been suggested to the Government that this amount may be expended on special propaganda and leprosy survey work in this Presidency. The question is under the consideration of the Government. The British Empire Leprosy Relief Association has also deputed Dr. Santra to make a survey of some districts in this Presidency. The Government have deputed a civil assistant surgeon, a sub-assistant surgeon and two health officers to work along with the party for a period of four months.
- (e) & (f) The diagnosis and treatment of leprosy in its early stages forms the most important part of the campaign against the disease.

It can almost always be diagnosed by clinical signs before it becomes infectious and the ability to diagnose can only be acquired through attendance at a well-organized dermatological clinic. Dermatological clinics have therefore been opened in the following hospitals to which medical schools are attached :—

Government headquarter hospitals at (1) Tanjore, (2) Coimbatore, (3) Guntur, and (4) Vizagapatam. The opening of an out-patient leper clinic at the Taluk Headquarter Hospital, Krishnagiri, has also been sanctioned.

There is no proposal to grant subsidies to local bodies and private practitioners to open leper clinics.

The opening of the Lady Willingdon Leper Settlement, Tirumani, and the opening of dermatological clinics in some headquarter hospitals and the training of sub-assistant surgeons in the special treatment of leprosy at the Calcutta Tropical School of Medicine and Hygiene are the steps taken till now to check the spread of leprosy. The future policy to be adopted will depend upon the result of experience gained.